

Explanation of NF-B Cost Build Up for Dates of Service 1/1/2012-7/31/2012

Assembly Bill (AB) ABX1 19, (Chapter 4, Statutes of 2011), mandates that, beginning in the 2011/12 rate year, a unit that provides freestanding pediatric subacute care services in a skilled nursing facility will no longer be exempt from the quality assurance fee.

The rates effective 1/1/2012 are based on 8/1/2011 rates. The 1/1/2012 rates were calculated by subtracting the 8/1/2011 Quality Assurance Fee (QA Fee) and then adding the 1/1/2012 QA Fee.

Facility Specific Identifying Information for the “1/1/2012-7/31/2012 SNF-B Cost Build Up.xls” includes:

I. Facilities (columns A through C): Office of Statewide Health Planning and Development (OSHPD) ID, the National Provider Identifier (NPI), and the facility name.

II. Peer Group:

Column D is the peer group indicator, ranging from 1 through 7. Refer to the Peer Group reports for further explanation

III. Days (column E):

Column E is the facility’s annualized skilled nursing Medi-Cal days as reported on the facility’s fiscal period ending 2009 OSHPD Report.

IV. 8/1/2011 Rate (columns F through H):

a. Column F is the facility’s 8/1/2011 rate.

b. Column G is the 8/1/2011 “recomp rate” which is the recalculated rate resulting from a revised audit.

c. Column H is either the recomp rate (col. G) or the 8/1/2011 rate (col. F), if there is no recomp rate.

V. QA Fee (columns I through J):

a. Column I is the facility’s 8/1/2011 QA Fee (\$14.33/ 13.43).

b. Column J is the facility’s 1/1/2012 QA Fee (\$14.42/ 13.46).

¹Assembly Bill (AB) 97 (Chapter 3, Statutes of 2011) implemented a 10 percent payment reduction to long-term care facilities effective June 1, 2011 through July 31, 2012. In addition ABX1 19, (Chapter 4, Statutes of 2011), terminates the 10 percent reduction on August 1, 2012 and provides a supplemental payment in the 2012-13 rate year that is equivalent to the 10 percent reduction applied from June 1, 2011 to July 31, 2012.

VI. New Rate (column K):

a. Column K is the 1/1/2012 rate. The rate is calculated by adding the difference between the 1/1/2012 QA Fee and the 8/1/2011 QA Fee to the 8/1/2011 rate. This rate does not reflect the 10% payment reduction enacted by AB 97¹.

VII. Payments (column L):

a. Column L is the facility's estimated Medi-Cal payments for the seven month period of 1/1/2012-7/31/2012. It is calculated by multiplying the Annualized Skilled Nursing Medi-Cal Days (col. E) by the 1/1/2012 rate and by 7/12 for this seven month period.